

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-22791		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO.			
REPORT TAKEN	<input type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED					
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: DAY MON		TIME: MILITARY 1312					
CRASH OCCURRED ON LEBANON CEMETERY, 119 HUNTER				WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)									CITY CODE		
LOG-1		LOG-2		LOC JUR FH9 FILT								DRIVER-PEDESTRIAN-VEHICLE SECTION			
A	UNIT NO.	NO OF OCCUPANTS		<input checked="" type="checkbox"/> OPERATING <input type="checkbox"/> PARKED		<input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT		INSURANCE CO OR AGENT		STATE FARM # 425 5282 006 356					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)											
FAULKNER, SUSAN E.				17 S. CORWIN ST., LEBANON, OH 45036											
PHONE NO. 513-638-1337		BIRTH DATE 2/7/57		AGE 59		SEX F		SOCIAL SECURITY NO.		STATE OH DRIVER'S LICENSE NO. RU168411 OCCUPATION					
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS								PHONE		DRIVER-PEDESTRIAN-VEHICLE SECTION	
SAME															
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR				
2000	CHEVY	IMPAALA		RED	4S	OH	FWU9358				FROM TO				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO. 2	NO OF OCCUPANTS		<input type="checkbox"/> OPERATING <input type="checkbox"/> PARKED		<input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT		INSURANCE CO. OR AGENT				DRIVER-PEDESTRIAN-VEHICLE SECTION			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)											
PHONE NO.				BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.			STATE	DRIVER'S LICENSE NO.	OCCUPATION
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS									PHONE		
CITY OF LEBANON				50 S. BROADWAY									513-932-2010		
VEH YR	MAKE	MODEL		COLOR	STYLE	STATE	LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR	DRIVER-PEDESTRIAN-VEHICLE SECTION			
											FROM TO				
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
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		ADDRESS				PHONE		SEX		A B C D E F			A B C D E F		
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION		INJURIES			
		ADDRESS				PHONE		SEX		A B C D E F		A B C D E F			
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)				BIRTHDATE		AGE		POSITION		INJURIES			
		ADDRESS				PHONE		SEX		A B C D E F		A B C D E F			
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		ADDRESS				PHONE		SEX		A B C D E F		A B C D E F			
A B C		INJURED TAKEN TO				By		A B C D E F		ALCOHOL		A B C D E F			
D E F		INJURED TAKEN TO				By		A B C D E F		ALCOHOL		A B C D E F			
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D E F		INJURED TAKEN TO				By		A B C D E F		ALCOHOL		A B C D			